

SECTION 8 RENTAL ASSISTANCE ANNUAL/INTERIM PERSONAL DECLARATION FORM

Head of Household Name:	
Street Address:	City, State, Zip
Home Phone:	Work Phone:

This form must be completed **in your own handwriting**. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them. Please Print. If a particular question does not apply, acknowledge the question by writing something to the effect that this question does not apply to me.

NAME	DATE OF BIRTH	SEX	TYPE OF PERSON*	DISABLED Y N	SS NUMBER

H =head / S = spouse / A = other adult / Y = other youth –18 / E = full-time student +18 / F = foster child / L = Aide

Household Income:

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, gifts, social security, AFDC, disability payments (SSI), workmen's compensation, retirement benefits, veteran's benefits, stock dividends, rental property income, alimony, and all other sources.

Family Member's Name	Source of Income	Amount/Frequency

STUDENT STATUS

ARE <u>ANY</u> ADULT OCCUPANTS STUDENTS OF HIGHER EDUCATION? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Enter Student explanation * (also attach documentation) Enter 1-4	*Student Explanation: 1 Under the age of 24 2 Veteran 3 Unmarried 4 Has a dependent child
---	---	---

Checking and Savings Account:

Name of Bank	Account Number	Address of Bank

Additional Assets:

HH Member	Type of Asset	Account Number (if applicable)	Cash Value	Annual Income from Asset

Expense Information: If yes to any of these question, explain on a separate sheet of paper.

- | | | |
|--|-----|----|
| 1. Do you or any household member pay of child care in order to work or go to school? | Yes | No |
| 2. Can you or your spouse claim a handicap disability? | Yes | No |
| 3. Do you pay handicapped assistance in order for a family member to go to work/school? | Yes | No |
| 4. Do you have any unpaid or ongoing medical expenses which you are responsible to pay?
<small>(includes: ongoing prescriptions, currently due medical bills – allow 1 yr at a time, continuing therapy, etc)</small> | Yes | No |
| 5. Does anyone outside of your household pay for any bills or give you money? | Yes | No |

Assets: If yes to any of these questions, explain on a separate sheet of paper.

- | | | |
|--|-----|----|
| 1. Does any household member own, have an interest in, or sold any real estate, or mobile homes in the past two years? | Yes | No |
| 2. Do you own any stocks or bonds? | Yes | No |
| 3. Have you received any gifts of cash or property in the past two years? | Yes | No |
| 4. Do you have any life insurance policies or pension fund benefits? | Yes | No |

Program Integrity Information:

- | | | |
|---|-----|----|
| 1. Have you or any other adult members ever used any name or social security number other than the one you are currently using? | Yes | No |
| 2. Have you or any household member received housing assistance before?
If Yes, where? _____ | Yes | No |
| 3. Has any household member ever committed fraud in a federally assisted housing program or owe money to a federally assisted housing agency? | Yes | No |

I/we hereby state that all the information listed above is true and correct to the best of my/our knowledge. I/we also acknowledge that if any of the information is purposely withheld or falsely stated, rental assistance will be terminated. I/we further understand that if due to falsely reported income or family composition my/our portion of rent was reduced, I/we must repay the amount in full which we should have paid toward rent. I/we also understand that **all changes** in the income of any member of the household as well as **any changes** in the household members must be reported to the housing authority **in writing immediately**.

(Signatures: All Adult Family Members)

Date

WARNING! Title 18, Section 1001 of the United State Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.